MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

10/595016

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1						52						
3		1		1				53						
4		1		1				54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10								60						
11	1		1					61						
12		1						62						
13		1						63						
14		1						64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21		1						71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
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29								79						
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36								86						
37								87						
38								88						
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40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		⬇	2	⬇		⬇		TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅	18	⬅		⬅		TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS			20					TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)